National Perinatal Information Center

CONTINUING EDUCATION

Now You're Talking! Success in Perinatal Team Communication

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EMPOWERED by Data. CONNECTED by Purpose.

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Learner Outcome & Contact Hour

Purpose/Goal(s) of this Education Activity

The purpose/goal(s) of this activity is to expand learner knowledge of successful strategies to improve perinatal teamwork, psychological safety, and professional communication.

1.0 Contact Hour(s)

This nursing continuing professional development activity has been submitted to the Northeast Multistate Division Continuing Education Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Disclosures & Successful Completion

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- To successfully complete this activity and receive 1.0 Contact Hour(s) you must attend/watch the program and submit the completed post-test/evaluation to NPIC.

Thank You For Attending

REMINDER:
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- You will be redirected to the post-test and evaluation once the webinar has ended
- Certificates of attendance and completion will be sent to the email address provided at registration within 14 business days following post-test/evaluation submission to NPIC

Now You're Talking!

Success in Perinatal Communication

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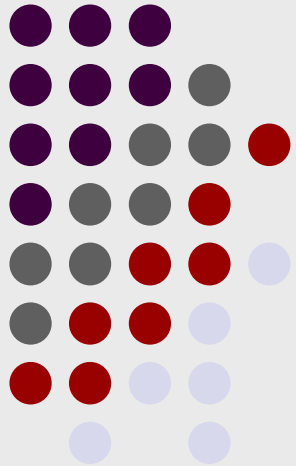
April 19, 2023



Why Are We Here?

- 13% of maternal deaths occur on the day of delivery
- Over 70% of all obstetric near-misses have a root cause of communication challenges
- Themes of “but they are such a great nurse/physician, we tolerate the behavior”—permeate healthcare conversations on social media
- Expectations must come from the hospital Board and leadership

Why Are We Here?

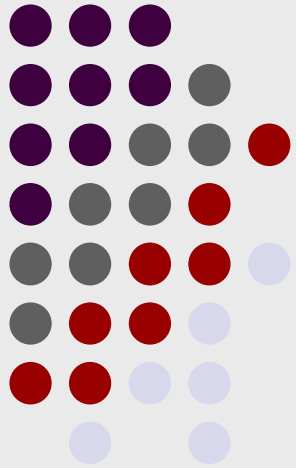
My best friend died giving birth last night at [redacted] hospital due to medical neglect. She and her bf complained for hours to the nurses that she could not feel her legs and they told her they could not call the doctors bc they would get upset. Now my best friend is dead bro

12:16 PM · Jan 11, 2023 · **8.4M** Views

What We Are Going to Cover Today

- Effective Reporting
- Unprofessional Behavior
- Psychological Safety
- Normalization of Deviance
- Improving communications – raising SBAR to a higher level

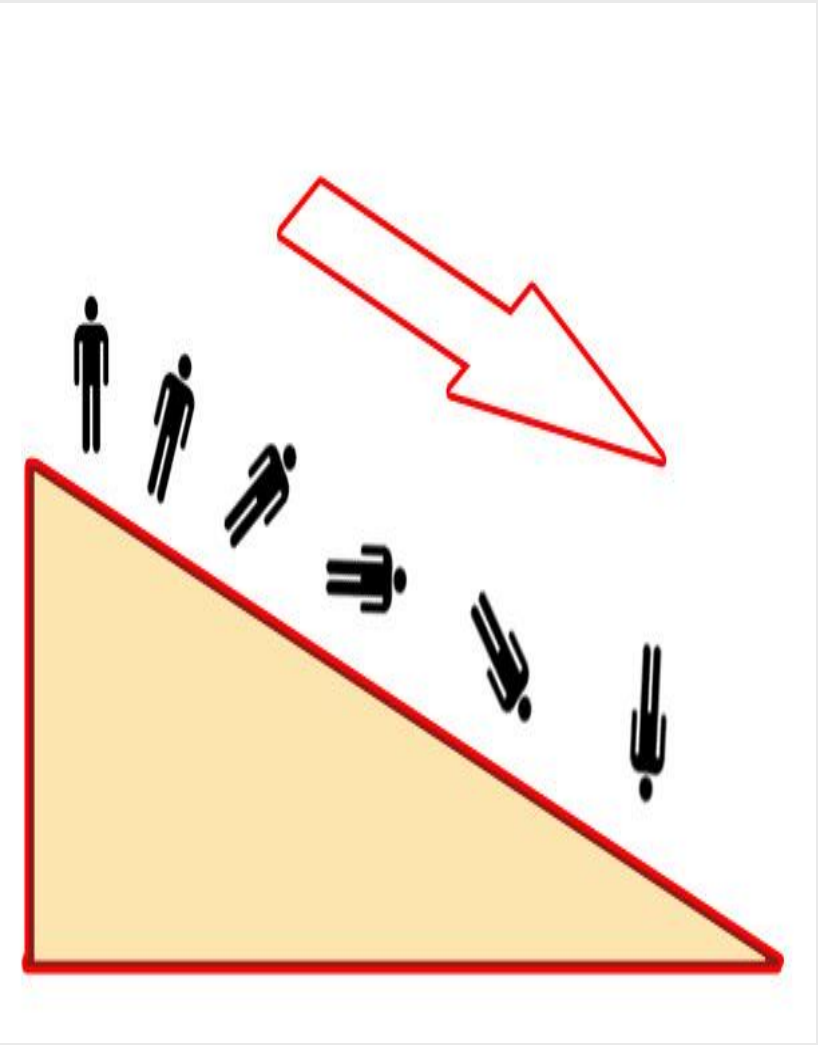
What's The Most Dangerous Thing About Obstetrics?



When outcomes are almost always good

- High expectations
  - “Was it bad luck or bad medicine?”
- More difficult to learn from mistakes
- Promotes clinical “shift” / shortcuts

The Slippery Slope of Obstetrics



Delighted
Disappointed
Disgruntled
Disgusted
Disabled
Deposed

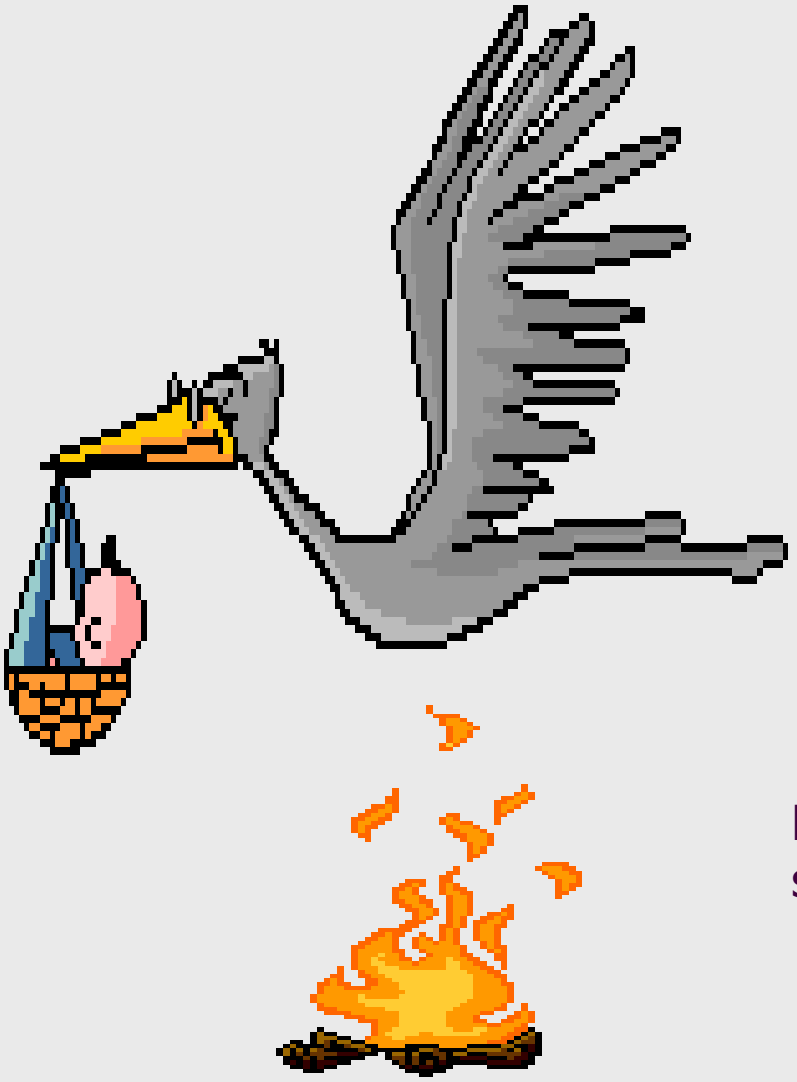
Adapted from Brian Wong, MD

The Heat is Always On;
The Same Allegations Over and Over

Failure to perform a timely delivery for maternal or fetal compromise

Improper use of oxytocin

Maternal injury, death, severe morbidity



Failure to conduct proper resuscitation

Improper use of forceps or vacuum

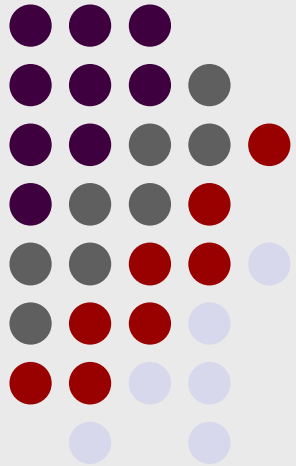
Management of shoulder dystocia

JCAHO Sentinel Event Alert 105 Cases Perinatal Death or Permanent Disability

Root causes:

Communication issues -- 72%

- Hierarchy and intimidation
- Failure to function as a team
- Failure to follow the chain of command



At 3 am:

- “She’s having some subtle lates.” (“I’d really like you to come in and look at the tracing.”)

- “Let’s watch it a little longer. She is progressing pretty well” (“I have an enormous day tomorrow. If only I can get a couple of hours more sleep. She really didn’t say I needed to come.”)

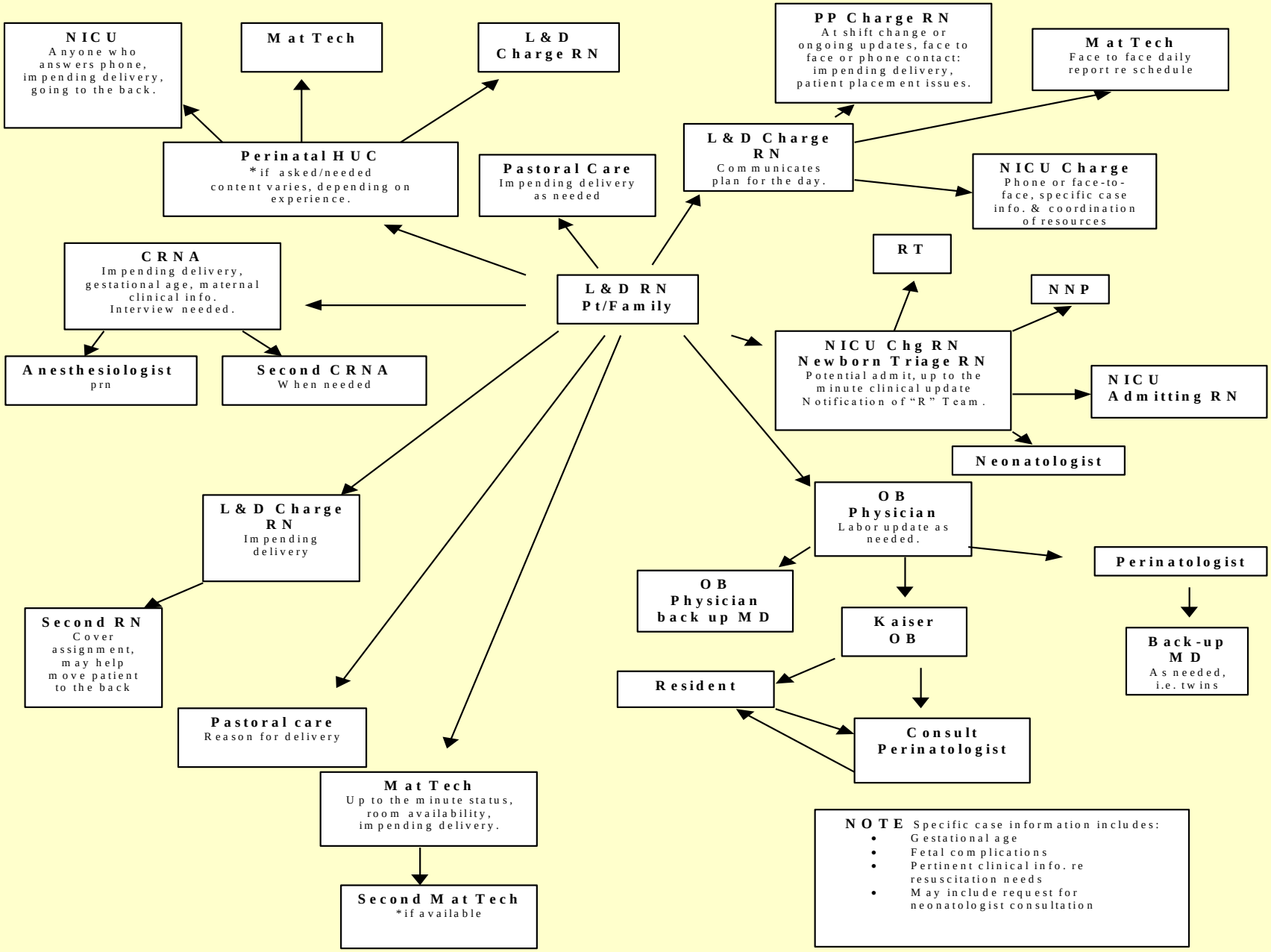
When There is a Lawsuit

- “I was really worried about the tracing and I wanted him to come in.”

- “She didn’t ask me to come in. She really didn’t seem that concerned about the tracing.”

Communication Failure Allegations

- Failure to notify of changes in maternal or fetal status
- Failure to transfer critical information
- Failure to come when called
- Failure to assemble the cesarean team
- Failure to call resuscitation team
- Failure to initiate the chain of command
- Failure to inform patient


NICU
Anyone who answers phone, impending delivery, going to the back.
Mat Tech
L & D Charge RN
PP Charge RN
At shift change or ongoing updates, face to face or phone contact: impending delivery, patient placement issues.
Mat Tech
Face to face daily report re schedule
Perinatal HUC
*if asked/needed content varies, depending on experience.
Pastoral Care
Impending delivery as needed
L & D Charge RN
Communicates plan for the day.
NICU Charge
Phone or face-to-face, specific case info. & coordination of resources
CRNA
Impending delivery, gestational age, maternal clinical info. Interview needed.
L & D RN Pt/Family
RT
NNP
Anesthesiologist
prn
Second CRNA
When needed
NICU Chg RN
Newborn Triage RN
Potential admit, up to the minute clinical update
Notification of "R" Team.
NICU Admitting RN
Neonatologist
L & D Charge RN
Impending delivery
OB Physician
Labor update as needed.
Perinatologist
OB Physician back up MD
Kaiser OB
Back-up MD
As needed, i.e. twins
Second RN
Cover assignment, may help move patient to the back
Resident
Pastoral care
Reason for delivery
Consult Perinatologist
Mat Tech
Up to the minute status, room availability, impending delivery.
Second Mat Tech
*if available
NOTE Specific case information includes:
Gestational age
Fetal complications
Pertinent clinical info. re resuscitation needs
May include request for neonatologist consultation

What Conversations Do: They Get the Job Done!

The construction *and* conduct of the conversation are both critical:

- **The Message**
  - **What needs to be done.**
  - **Clarity.**
  - **Right people, right time.**
  - **Ensure it get's done.**
- **The Conduct**
  - **Relationships matter, tone matters**
  - **How does one come across?**
  - **What about the next time?**

Relationships Matter!

Tone Matters!

Whatever the content of a message, it's the tone of delivery that communicates the feelings accompanying the message.

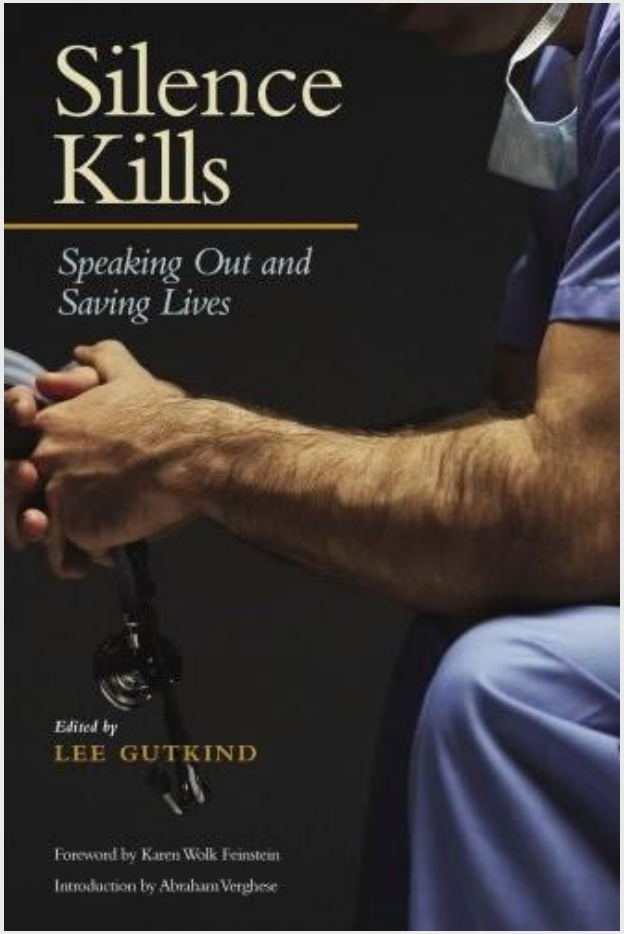
Is There a Nurse-Physician Communication Gap?

Nurse – Physician Communication

- Two components to every message.
  - **Factual content**
  - **Relationship component**
- Physicians: problem solving through facts:
  - “Just give me the headlines.”
- Nurses: facts and relationship
  - Trained to use narrative and be descriptive
- Relationship component is complex
  - Gender, familiarity, friendship, language barriers, national origin, pecking order, hierarchy

The Absence of Conversation: "Silence Kills"

- Why don't some speak up?
  - "I don't want to appear to be stupid."
  - "What if they yell at me?"
  - "What if I'm wrong?"
  - "I don't have the skills or knowledge."
  - "I won't make a difference."
  - "It's not my job."
  - "In my culture we don't question physicians (authority figures, leaders, those in charge)."



Labor and Delivery Communication: How Would You Score?

- Structured communication tool – SBAR.
- Quality sign outs between all caregivers.
- Absent disruptive or intimidating behavior.
- The physician (CNM) always comes when asked.
- The unit has a strong “speak up” climate.
- Effective solutions when conflict occurs?

Structured Communication

- A preset, organized way to present information between individuals
- It's part of the culture;
  part of high reliability
- Aviation, NASA, Military
- SBAR-R

SBAR Was Not Enough!

A New Tool: Taking SBAR To A Higher Level

P.U.R.E. Conversations

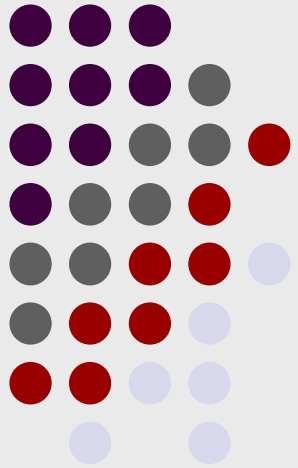
- **P**urposeful
- **U**nambiguous
- **R**espectful
- **E**ffective

Why P.U.R.E. Conversations?

- Mental preparation/planning prior to a conversation
- Relationships & mutual respect
- Reaching an agreed upon plan
- Eliminating confusion or misinterpretation
- Ensuring the job gets done

P.U.R.E

Productive, Prepared, Purposeful



P = Productive, Purposeful, Prepared

Begin with a *mental process* that occurs *before* any conversation

- Identify a purpose –
  - "What needs to be done?"
  - "Why am I calling?"
- Prepare based on the purpose
- Proceed with the conversation using the necessary data and the interpersonal skills that will fulfill the purpose
- Insure the purpose is fulfilled

When You Want The Doctor To Come?

- “Mrs. Jones is 8 cm. dilated (complete, having a prolonged deceleration, bleeding, etc). I would like you to come to L and D to evaluate the situation.”

- “I have a concern that…and I want you to come now.”

AND

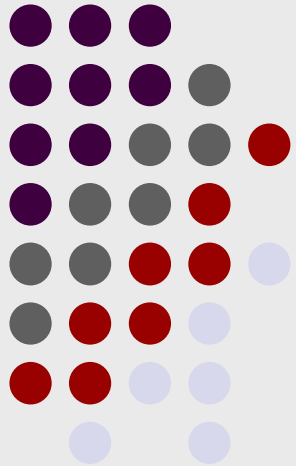
- “That would be great. ‘When can I expect you?’”

The Physician -
When The Nurse Calls

“Do you want me to come in?”

P.U.R.E.

Unambiguous



Ambiguity Dangers

- Not prepared (data)
- Medical Jargon
- Over familiarity
- Hinting and hoping

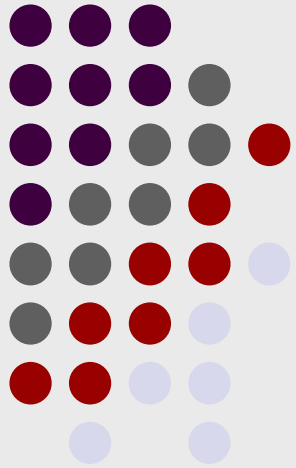
Ambiguous ⟶ Unambiguous

- Vital signs are “good”
- She is bleeding “more than usual”.
- Her pain is a “little worse”.
- The tracing is “flat”
- Her BP is a “bit up”.

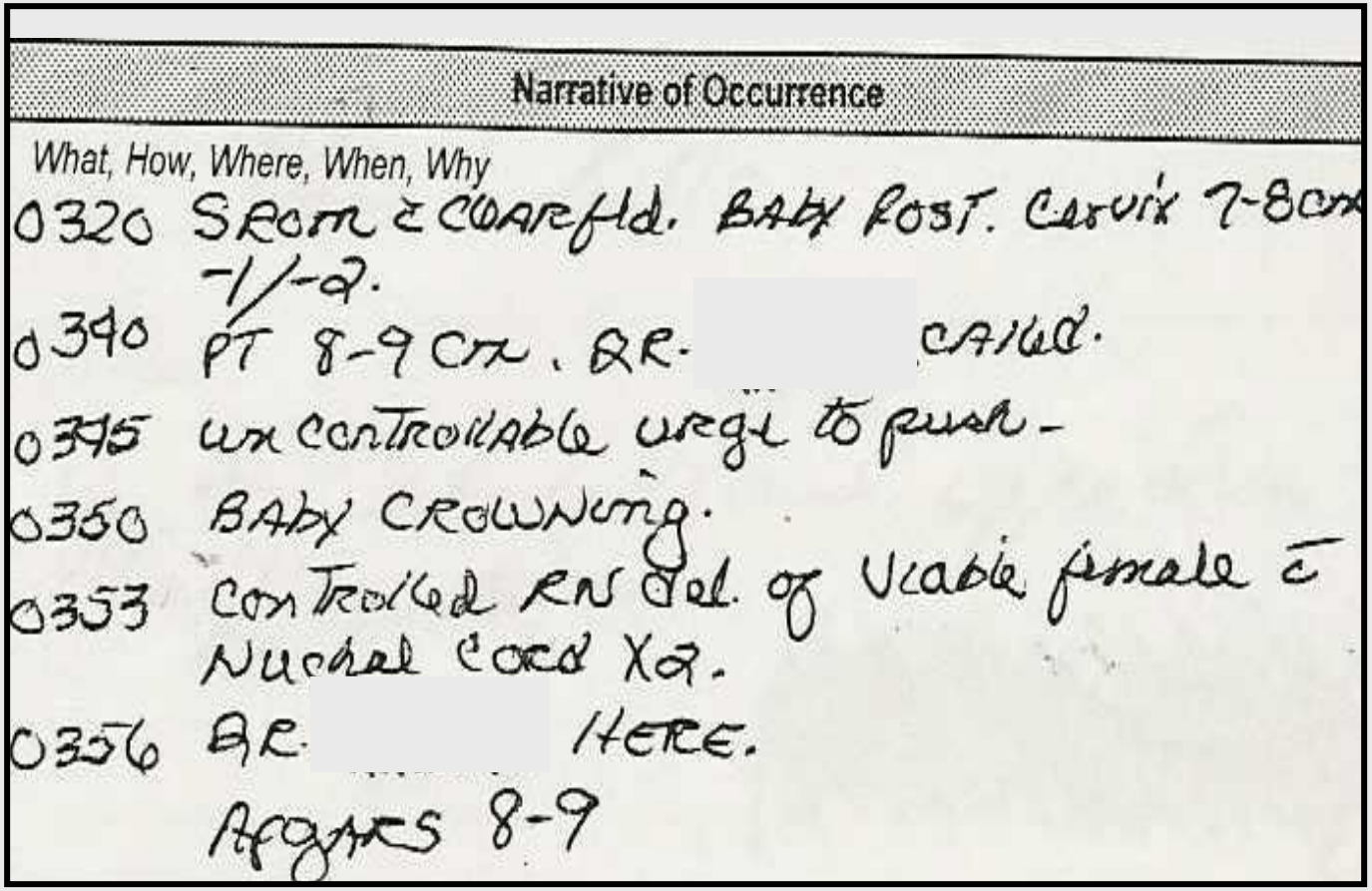
- 36.7-82-18-134/64
- She has bled 500cc in the last 30 minutes for a total EBL post delivery of 1500cc.
- She now rates her pain a 9 from her previous rating of 2.
- The tracing shows minimal variability
- Her BP is 191/102

P.U.R.E

Respectful



Why The Missed Delivery?



Narrative of Occurrence

What, How, Where, When, Why

0320 SROM & CWARfld. BABY POST. Cervix 7-8cm -1/-2.

0340 PT 8-9 CM. BR. CALLED.

0345 UN CONTROLABLE URGE TO PUSH -

0350 BABY CROWNING.

0353 CONTROLED RN DEL. OF VIABLE FEMALE C NUCHAL CORD X2.

0356 BR. HERE.

AFGHES 8-9

A Spectrum of Behaviors that Undermine a Culture of Safety

INCLUDING:

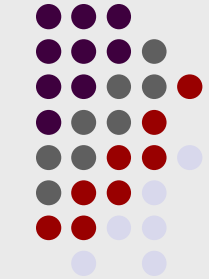
- Angry outbursts, rudeness, incivility, verbal attacks
- Intimidation that inhibits safety conversations
- Non verbal or tonal intimidation
- Physical threats, harassment, actual attacks
- Noncompliance with existing policies
- Sexual harassment
- Sarcasm and use of profanity
- Derogatory comments about the organization

How Does This Behavior Evolve?

Begins with INCIVILITY - Low intensity behavior(s), directed toward individual(s), that violates norms of mutual respect.

- May be precipitated by stress, conflict, fatigue
- May be mirrored from “role models” in training
- Lack of insight how they affect others
  - May not know how they come across
- Lack of accountability

How Does This Behavior Evolve?



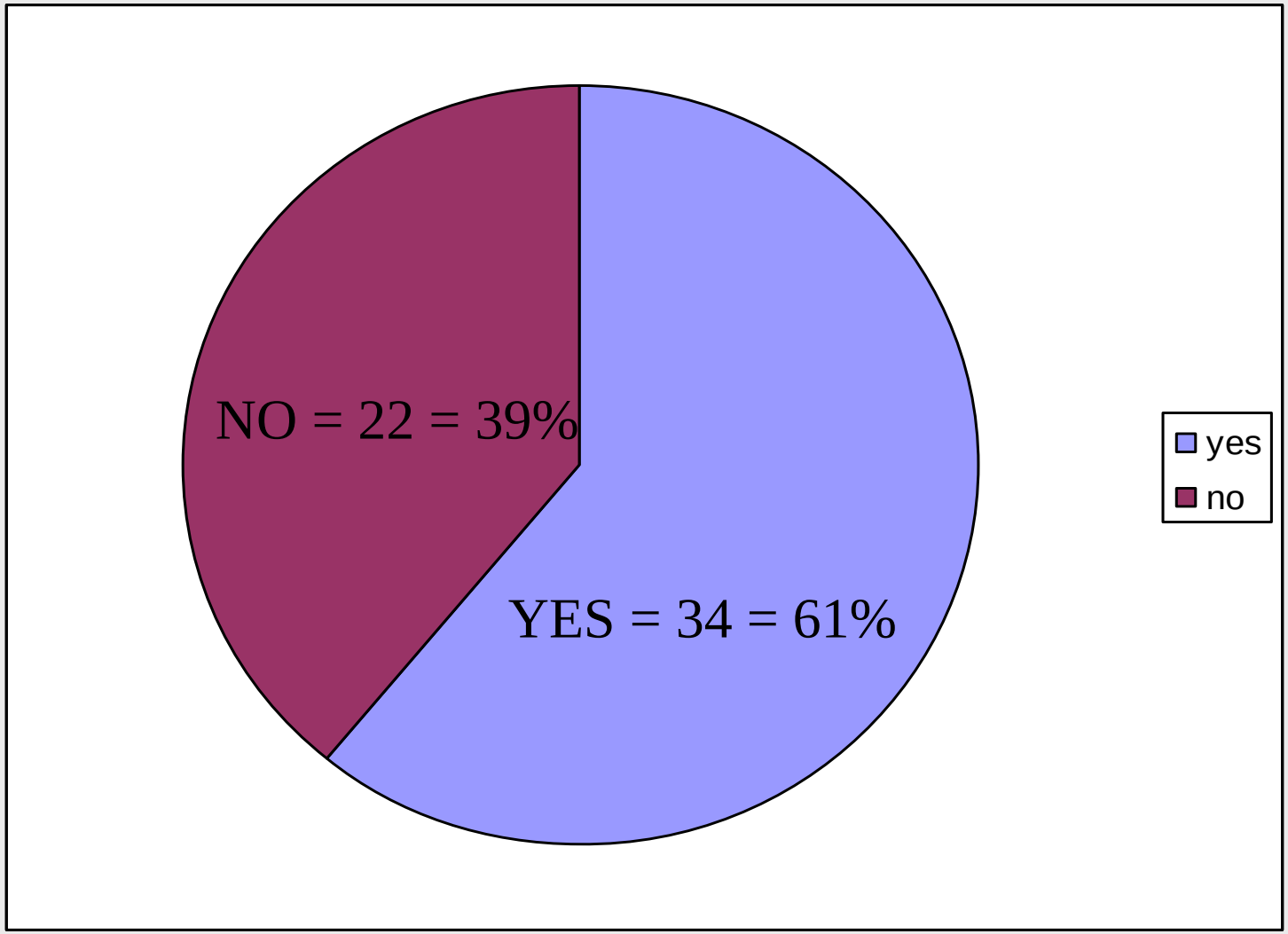
If the process and the cycle is unchecked:

- Can accelerate to INTIMIDATION, BULLYING, VIOLENCE
- May select targeted individuals
  - Usually involves power imbalance
  - Inexperienced, unassertive individuals
  - Rarely peers
- May become pervasive in the organization
- Eventually, normalizes behavior: “It’s the way things are around here.” “It’s just the way he/she is.”

How Behavior Can Threaten Patient Safety

- Increase stress within the healthcare team
- Decreases willingness to communicate
- Decreases overall vigilance
- Inhibits nurses and pharmacists from questioning orders or patient care plans
- Contributes to nursing shortage

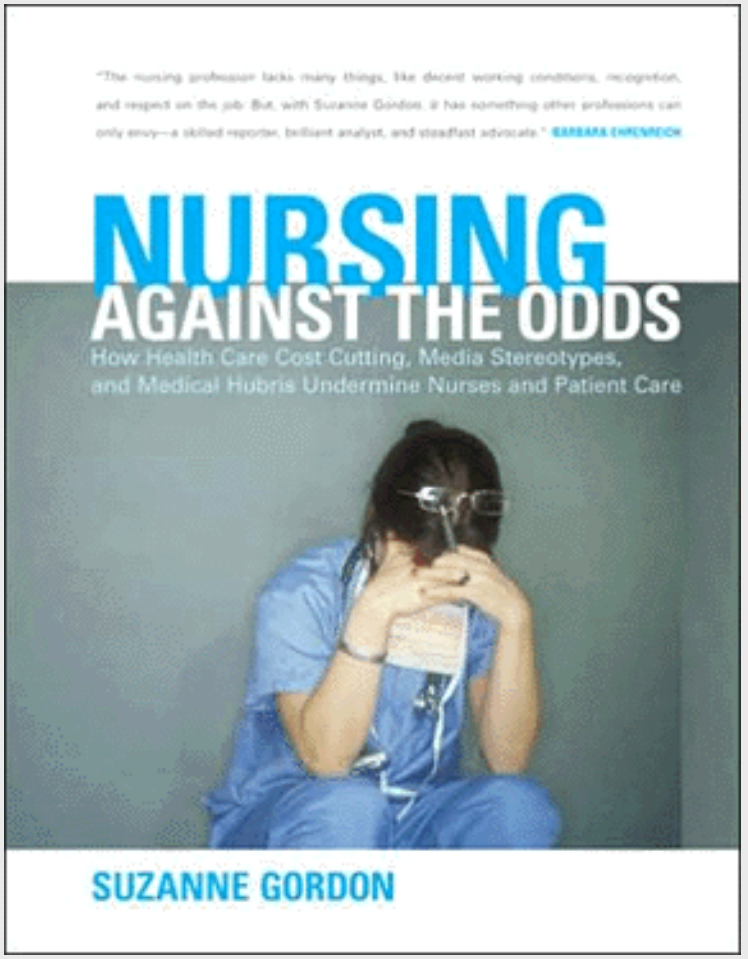
Current Disruptive Or Intimidating Behavior From Any Professional That Works On Unit (n = 56)



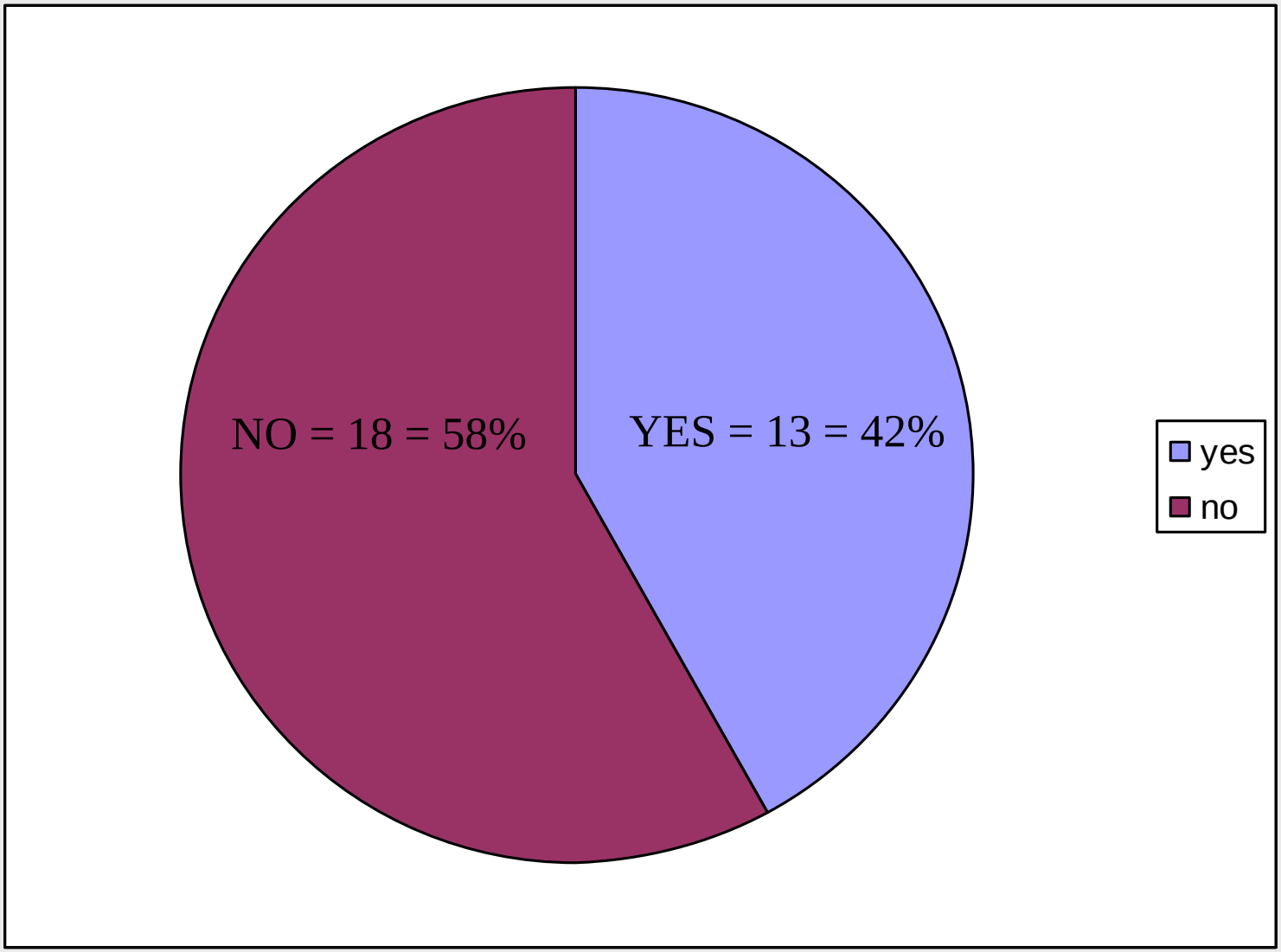
Horizontal Violence
Nurse Against Nurse

"We eat our young."

Rudeness, verbal abuse, humiliating statements, unjustly critical statements, withholding information, criticizing and gossip to other colleagues, ignoring, screaming.



Have There Been Specific Adverse Outcomes As A Result of The Behavior? (n=31)



Fixing it: A Key Safety Principle

Psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes.

IT'S ESSENTIAL TO TEAMING AND LEARNING

Psychological Safety, What Do We Mean?

1. When someone makes a mistake, it is held against them?
2. In this team, is it easy to discuss difficult issues and problems?
3. Are people are sometimes rejected for being different?
4. It is completely safe to take a risk and speak up on this team?
5. It is difficult to ask other members of this team for help?
6. Do members of this team value and respect each others' contributions?
7. Does anyone deliberately act in a way that undermines one’s efforts?

The Strongest Predictor of Team Clinical Excellence:

Caregivers feel comfortable speaking up if they perceive a problem with patient care

Pronovost, et al., Improving patient safety in intensive care units in Michigan. J Crit Care. 2008 Jun;23(2):207-

Can "Speak Up Climate" Be Measured?

Speaking Up Climate for Patient Safety (SUC-Safe) Scale

Version One, 2015

Reference: Martinez W, et al. BMJ Qual Saf 2015;24:671-680.

Speaking Up Climate for Patient Safety (SUC-Safe) Scale

Instructions: Please indicate the extent of your agreement or disagreement with each of the following statements. Please complete this survey with respect to your experiences in the patient care area (i.e. clinical area) where you typically spend your time.

	Strongly Disagree	Slightly Disagree	Neutral	Slightly Agree	Strongly Agree
1. Speaking up about patient safety concerns results in meaningful change in my clinical area.	☐	☐	☐	☐	☐
2. In my clinical area, it is difficult to speak up if I have a patient safety concern.*	☐	☐	☐	☐	☐
3. The culture in my clinical area makes it easy to speak up about a patient safety concern *that does not involve me or my patients*.	☐	☐	☐	☐	☐
4. In my clinical area, I observe others speaking up about patient safety concerns *even if they are not directly involved in the patient's care*.	☐	☐	☐	☐	☐
5. I am encouraged by my colleagues to speak up about patient safety concerns.	☐	☐	☐	☐	☐

Reporting Caveats and Strategies

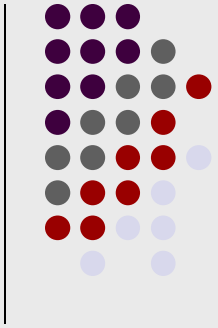
- Widespread organizational effort
  - Reporting: voluntary, efficient and confidential
  - Appropriate distribution plan
  - Written policy: consequences, obligations, rights, protections, privilege.
- Reasonable follow up and organizational response
  - Absence risks discouragement, cynicism, underreporting

- Dekker, S., Just Culture. Restoring Trust and Accountability in Your Organization. CRC Press. 2016.
- Rowland, P., Organisational paradoxes in speaking up for safety: Implications for the interprofessional field, Journal of Interprofessional Care (2017), 31:5, 553-556.

Eliminating Behaviors That Undermine A Culture of Safety

1. Unequivocal commitment by leadership
2. Organization-wide education
3. Facilitate reporting without retaliation
4. Increase training
5. Seek out and address “hot spots”
6. Stronger accountability / Incremental approach

What's A Nurse To Do?



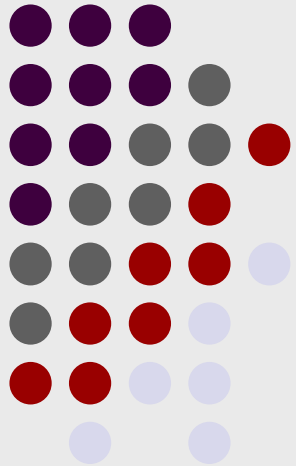
- Understand differences in physician and nurse communication styles
- Know the "hot spots"
- Be prepared with the chart, data
- Have scripts in mind: practice
- Don't apologize for calling; it's your job
- Know your escalation policy
- Practice conflict resolution tools

What's A Physician or CNM To Do?

- Understand differences in physician and nurses communication styles
- Calls (asks) are generally for a reason.
- Ask for an PURE SBAR
- Find out what is needed; give it to them
- Think how you've come across (Tone!)
- If there is a problem, take it up later through other channels.

P.U.R.E

Effective



Effective Communication Mental Checklist

- Did I prepare adequately?
  - Do I have the data and the chart?
  - Did I rehearse an SBAR report?
- Am I calling the right person?
- Did I get the message across?
- Was the response reasonable? Respectful?
- Will I feel OK about calling again?
- What will I do if I get an unreasonable or unsafe response? Next steps? Other call?

Managing Conflict

- What if all of this doesn’t work?
- What if the message doesn’t sink in?
- What if the recipient is disrespectful or intimidating?

Escalation Policy
Chain of Command

Communication issues that cannot be solved

Charge Nurse
Nursing manager

Medical staff leader
Department Chair

Executive committee
Credentials committee
QA committee
Board of Trustees

Contacts physician

Enhancing Effectiveness: Negotiation as Conversation

- Frame conversation as a joint search for a solution or resolution.
  - Separate the person from the problem.
  - Mutually search for the “best” solution in this situation
- Never yield to pressure, only to principles.
- Frame conflict resolution with standards.
  - The **safety** standard
  - The **patient comes first** standard
  - It’s **our policy** standard
  - The **professional respect** standard

P.U.R.E. Conversations

- Will get the jobs done that need to be done
- Will make the unit function more as a team
- Will enhance interpersonal relationships between caregivers
- Will have less chance for misinterpretations and decrease the chance for errors
- Will ultimately increase patient satisfaction

P.U.R.E. Conversations: Making Safe Units Safer